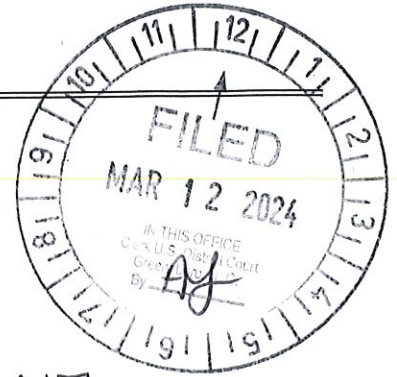


UNITED STATES DISTRICT COURT

for the

District of _____

Division _____

Case No. 24CV217

(to be filled in by the Clerk's Office)

Dwayne M. Bennett
Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Johnston County Institution
Sgt. Wooten / Officer L. Henton
Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☐ Yes ☒ No

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Sgt. Wooten
396 S. D. 100 West
Smithfield N.C.
N.C.
Dwayne M. Bennett
407-1 E Washington St
Greensboro N.C. 27401

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Sgt Wooten
correctional Sgt
2465 US 70 West
Smithfield N.C. 27577

Defendant No. 2

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

officer L. Hinton
correctional officer
2465 US 70 West
Smithfield
N.C.

Defendant No. 3

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☐ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) Dwayne M. Bennett, is a citizen of the State of (name) N.C.

b. If the plaintiff is a corporation

The plaintiff, (name) Jimmy Dorman, is incorporated under the laws of the State of (name) N.C. and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, (name) A.J. Letuli, is a citizen of the State of (name) N.C. Or is a citizen of (foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.
Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Lost personal property

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

\$200.000

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: _____

Signature of Plaintiff

Printed Name of Plaintiff

Dwayne M. Bennett
DWAYNE M. BENNETT

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

AFFIDAVITDwayne Michael Bennett

(Print Name of Claimant)

, being duly sworn, deposes and says:

1. My name is Dwayne Michael Bennett
2. I live at 407 East Washington St. Greensboro, N.C. 27401 and my mailing address is "same as above"
(See requirements on p. 2 regarding change of mailing address)
3. I hereby file a claim against Johnston Correctional Institution
(State Agency or County Board of Education)
and its mailing address is 2465 US 70 West Smithfield, N.C. 27577
4. I have been damaged in the amount of \$ 250,000.00 by reason of the negligent conduct of the employee/agent
named here Sgt. Wooten / Officer L. Hinton
(Name(s) of negligent employee/agent)

5. The injury or accident giving rise to this claim occurred at Johnston Correctional Institution
(Print Name of County and Exact Location Where Accident Occurred)
(Johnston City, NC) 2465 US 70 West Smithfield, N.C. 27577 on October 26th 2023 11am - 2pm M.
(Month) (Day) (Year) (Time)

6. The injury or property damage occurred in the following manner: Witness: Officer Duffy
(Give BRIEF Statement of What Happened, Witness Names, etc.)

I, Dwayne M. Bennett, brought my personal property to Sgt. Wooten office to have it sent to my sister house in Fayetteville, N.C. He had Officer L. Hinton to fill-out a DC-180 form which is a personal property inventory form. My property was never sent nor received and the facility is denying the knowledge of my property even though I have the DC-180 with the officer stating that my property was received/inventory.

7. The damages claimed above consist of 1 Holy Bible, 3 books, 2 dictionaries, 1 Assorted hygiene, and 1 bag of photo (Family)
(Itemize Repair Bill, Medical Bills, etc.)

-I requested to be reimbursement financially in the amount of \$250,000.00 for neglect, mental, emotional, and lost of photos that can't be replaced.

* NOTARIZATION IS MANDATORY

(Signature of Claimant)

(Email address)

(Date)

Subscribed and sworn to before me this _____ day of _____.

My Commission Expires _____

Signature and Seal of Clerk of Court or Notary Public

FILE TWO COMPLETE COPIES WITH THE INDUSTRIAL COMMISSION AND SEE FILING FEE REQUIREMENTS ON P. 3**ATTORNEYS:** FILE WITH AN IC FILE NUMBER VIA EDFP[HTTP://WWW.IC.NC.GOV/DOCFILING.HTML](http://www.ic.nc.gov/docfiling.html) OR

IF NO IC FILE NUMBER, FOLLOW PLAINTIFF FILING OPTIONS.

PLAINTIFFS: MAIL TO: INDUSTRIAL COMMISSION CLERK'S OFFICE

1236 MAIL SERVICE CENTER

RALEIGH, NC 27699-1236

VIA HAND DELIVERY: BUSINESS DAYS FROM 8 AM - 5 PM

DOBBS BUILDING

430 NORTH SALISBURY STREET

RALEIGH, NC 27603

PRISONS
PERSONAL PROPERTY INVENTORY[illegible]

I certify that all personal property in the possession of the above offender has been listed on this inventory, with the description and disposition correctly stated.

Officer's Name (Print)

Officer's Signature / Date

I acknowledge the accuracy and completeness of this inventory.

Offender Signature

1111
OPUS Number

Date _____

I certify that I have received the above listed articles of personal property in the condition specified.

DISTRIBUTION:

WHITE - FACILITY FILE
BLUE - PROPERTY / UNIT FILE
YELLOW - OFFENDER COPY

Offender Signature / Date



Roy Cooper, Governor

North Carolina Department of Adult Correction

Todd E. Ishee, Secretary

Step One - Unit Response

Regarding Grievance No.: 4230-2023-JDM--23243
Received: 11/15/2023

Inmate: BENNETT, DWAYNE - 1071013
Location: 4170-NEW HANOVER CC - 1BDM-010

I checked with the mail room and there was not any property for the offender ever dropped off or mailed out. I checked the DC-160's on file and cannot find any of said property listed on any form. Without any officer names of who supposedly received the property I have no further way to investigate. Offender needs to provide DC-160 and names.

11/16/2023

Date

PARKS, JAMES D.

Staff Electronic Signature

(A) ☐ Agree with grievance response

(B) ☒ Appeal to Step Two (24-hour limit)

Date

11/17/2023
D.B.

Inmate Signature

Dwayne M. Bennett

Date

Witness Signature (optional)

cc: CTS

MAILING ADDRESS:
P. O. BOX 240
WILMINGTON, NC 28402



OFFICE LOCATION:
330 DIVISION DRIVE
WILMINGTON, NC 28402
Telephone: (910)251-2666
Fax: (910)251-2670

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Roy Cooper, Governor

North Carolina Department of Adult Correction

Todd E. Ishee, Secretary

Step Two - Area/Complex/Institution Response

Regarding Grievance No.: 4230-2023-JDM--23243
Received: 11/15/2023

Inmate: BENNETT, DWAYNE - 1071013
Location: 4170-NEW HANOVER CC - 1BDM-010

Staff have been questioned to see if any property has been obtained from you. None of the staff that would have been involved in this process has any knowledge of your property. Without any further information no further action is recommended at this time.

12/07/2023

Date

WILLIAMS, JUSTIN P

Staff Electronic Signature

(A) ☐ Agree with grievance response

(B) ☒ Appeal to Secretary, DAC (24-hour limit)

12/8/23
Date

Dwayne M. Bennett
Inmate Signature

Date

Witness Signature(optional)

cc: CTS

MAILING ADDRESS:
P. O. BOX 240
WILMINGTON, NC 28402



OFFICE LOCATION:
330 DIVISION DRIVE
WILMINGTON, NC 28402
Telephone: (910)251-2666
Fax: (910)251-2670

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PRISONS PERSONAL PROPERTY INVENTORY

[illegible]

I certify that all personal property in the possession of the above offender has been listed on this inventory, with the description and disposition correctly stated.

Officer's Name (Print)

Officer's Signature / Date

I acknowledge the accuracy and completeness of this inventory.

Offender Signature

#

OPUS Number

Date _____

I certify that I have received the above listed articles of personal property in the condition specified.

DISTRIBUTION:

WHITE - FACILITY FILE
BLUE - PROPERTY / UNIT FILE
YELLOW - OFFENDER COPY

Offender Signature / Date

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
PRISONS
ADMINISTRATIVE REMEDY PROCEDURE

Offender Name: Dwayne M. Bennett Offender #: 1071013

Location: New Hanover Corr Center Date: 11-10-23

Grievance Statement: On 10-26-23 while being housed at Johnson
Corr inst, I filled out a personal property request to
have my personal property sent home to my sister Stacy L.
Bennett which a D.C. 160 form was filled out/inventoried.
Well as of this date, my property hasn't arrived or was-
sent as requested.

What remedy would resolve your grievance?: for my sister to receive the
property which was requested to be sent to her A.S.A.P.

Offender Signature: Dwayne M. Bennett

OFFICIAL USE

Date received: 11/15/23 Receiving Officer Signature: Tindall Staff ID: 75A70

Facility #: 4230 Year: 2023 Housing #: 20M Sequence #: 23243

AFFIDAVITDwayne Michael Bennett

, being duly sworn, deposes and says:

1. My name is Dwayne Michael Bennett
(Print Name of Claimant)2. I live at 407 East Washington St. Greensboro, N.C. 27401 and my mailing address is
"same as above" (See requirements on p. 2 regarding change of mailing address)3. I hereby file a claim against Johnston Correctional Institution
(State Agency or County Board of Education)and its mailing address is 2465 US 70 West Smithfield, N.C. 275774. I have been damaged in the amount of \$ 250,000.⁽¹²⁾ by reason of the negligent conduct of the employee/agentnamed here Sgt. Wooten / Officer L. Hinton
(Name(s) of negligent employee/agent)5. The injury or accident giving rise to this claim occurred at Johnston Correctional Institution
(Print Name of County and Exact Location Where Accident Occurred)(Johnston City, NC) 2465 US 70 West Smithfield, N.C. 27577 on October 26th 2023 11 AM - 2 PM M.
(Month) (Day) (Year) (Time)

6. The injury or property damage occurred in the following manner:

Witness: Officer Duffy
(Give BRIEF Statement of What Happened, Witness Names, etc.)

I, Dwayne M. Bennett, brought my personal property to Sgt. Wooten office to have it sent to my sister house in Fayetteville, N.C. He had Officer L. Hinton to fill-out a DC-180 form which is a personal property inventory form. My property was never sent nor received and the facility is denying the knowledge of my property even though I have the DC-180 with the officer stating that my property was received/inventory.

7. The damages claimed above consist of

1 Holy Bible, 3 books, 2 dictionaries, 1 Assorted hygiene, and 1 bag of photo (Family)
(Itemize Repair Bill, Medical Bills, etc.)

- I requested to be reimbursement financially in the amount of \$250,000.⁽¹²⁾ for neglect, mental, emotional, and lost of photos that can't be replaced.

* NOTARIZATION IS MANDATORY

(Signature of Claimant)

(Email address)

(Date)

Subscribed and sworn to before me this _____ day of _____.

My Commission Expires _____

Signature and Seal of Clerk of Court or Notary Public

FILE TWO COMPLETE COPIES WITH THE INDUSTRIAL COMMISSION AND SEE FILING FEE REQUIREMENTS ON P. 3**ATTORNEYS:** FILE WITH AN IC FILE NUMBER VIA EDPF[HTTP://WWW.IC.NC.GOV/DOCFILING.HTML](http://www.ic.nc.gov/docfiling.html) OR

IF NO IC FILE NUMBER, FOLLOW PLAINTIFF FILING OPTIONS.

PLAINTIFFS: MAIL TO: INDUSTRIAL COMMISSION CLERK'S OFFICE

1236 MAIL SERVICE CENTER

RALEIGH, NC 27699-1236

VIA HAND DELIVERY: BUSINESS DAYS FROM 8 AM - 5 PM

DOBBS BUILDING

430 NORTH SALISBURY STREET

RALEIGH, NC 27603

PRISONS
PERSONAL PROPERTY INVENTORY[illegible]

I certify that all personal property in the possession of the above offender has been listed on this inventory, with the description and disposition correctly stated.

Officer's Name (Print)

Officer's Signature / Date

I acknowledge the accuracy and completeness of this inventory.		
<u>Quynh M. Bennett</u>	# <u>1671013</u>	<u>11/26/23</u>
Offender Signature	OPUS Number	Date

I certify that I have received the above listed articles of personal property in the condition specified.

DISTRIBUTION:

WHITE - FACILITY FILE
BLUE - PROPERTY / UNIT FILE
YELLOW - OFFENDER COPY

Offender Signature / Date



Roy Cooper, Governor

North Carolina Department of Adult Correction

Todd E. Ishee, Secretary

Step One - Unit Response

Regarding Grievance No.: 4230-2023-JDM--23243
Received: 11/15/2023

Inmate: BENNETT, DWAYNE - 1071013
Location: 4170-NEW HANOVER CC - 1BDM-010

I checked with the mail room and there was not any property for the offender ever dropped off or mailed out. I checked the DC-160's on file and cannot find any of said property listed on any form. Without any officer names of who supposedly received the property I have no further way to investigate. Offender needs to provide DC-160 and names.

11/16/2023

Date

PARKS, JAMES D.

Staff Electronic Signature

(A) ☐ Agree with grievance response

(B) ☒ Appeal to Step Two (24-hour limit)

Date

11/17/2023

Inmate Signature

Dwayne M. Bennett

Date

Witness Signature (optional)

cc: CTS

MAILING ADDRESS:
P. O. BOX 240
WILMINGTON, NC 28402



OFFICE LOCATION:
330 DIVISION DRIVE
WILMINGTON, NC 28402
Telephone: (910)251-2666
Fax: (910)251-2670

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Roy Cooper, Governor

North Carolina Department of Adult Correction

Todd E. Ishee, Secretary

Step Two - Area/Complex/Institution Response

Regarding Grievance No.: 4230-2023-JDM--23243

Received: 11/15/2023

Inmate: BENNETT, DWAYNE - 1071013

Location: 4170-NEW HANOVER CC - 1BDM-010

Staff have been questioned to see if any property has been obtained from you. None of the staff that would have been involved in this process has any knowledge of your property. Without any further information no further action is recommended at this time.

12/07/2023

Date

WILLIAMS, JUSTIN P

Staff Electronic Signature

(A) ☐ Agree with grievance response

(B) ☒ Appeal to Secretary, DAC (24-hour limit)

12/8/23

Date

Dwayne M. Bennett

Inmate Signature

Date

Witness Signature(optional)

cc: CTS

MAILING ADDRESS:
P. O. BOX 240
WILMINGTON, NC 28402



OFFICE LOCATION:
330 DIVISION DRIVE
WILMINGTON, NC 28402
Telephone: (910)251-2666
Fax: (910)251-2670

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**NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
PRISONS
ADMINISTRATIVE REMEDY PROCEDURE**

Offender Name: Dwayne M. Bennett Offender #: 1071012

Location: New Hanover County Date: 11-10-23

Grievance Statement: On 10-26-23 while being housed at Johnson
County Jail, I filled out a personal property request to
have my personal property sent home to my sister, Stacy L.
Bennett which a D.C. 116 form was filled out for me
well as of this date my property has not arrived or been
sent as requested.

What remedy would resolve your grievance?: for my sister to receive the
property which was requested to be sent to her home
as requested.

Offender Signature: Dwayne M. Bennett

OFFICIAL USE

Date received: 11/15/23 Receiving Officer Signature: [Signature] Staff ID: 11110

Facility #: 4230 Year: 2023 Housing #: 110 Sequence #: 01

Distribution: White - Facility Copy; Pink - Offender Copy

AFFIDAVITDwayne Michael Bennett

, being duly sworn, deposes and says:

1. My name is Dwayne Michael Bennett
 2. I live at 407 East Washington St. Greensboro, N.C. 27401 and my mailing address is "same as above"
 (See requirements on p. 2 regarding change of mailing address)

3. I hereby file a claim against Johnston Correctional Institution
 and its mailing address is 2465 US 70 West Smithfield, N.C. 27577
 (State Agency or County Board of Education)

4. I have been damaged in the amount of \$ 250,000⁰⁰ by reason of the negligent conduct of the employee/agent
 named here Sgt. Wooten/ Officer L. Hinton
 (Name(s) of negligent employee/agent)

5. The injury or accident giving rise to this claim occurred at Johnston Correctional Institution
(Johnston City, NC) 2465 US 70 West Smithfield, N.C. 27577 on October 26th 2023 11am - 2pm M.
 (Print Name of County and Exact Location Where Accident Occurred) (Month) (Day) (Year) (Time)

6. The injury or property damage occurred in the following manner: Witness: Officer Duffy
 (Give BRIEF Statement of What Happened, Witness Names, etc.)

I, Dwayne M. Bennett, brought my personal property to Sgt. Wooten office to have it sent to my sister house in Fayetteville, N.C. He had Officer L. Hinton to fill-out a DC-180 form which is a personal property inventory form. My property was never sent nor received and the facility is denying the knowledge of my property even though I have the DC-180 with the officer stating that my property was received/inventory.

7. The damages claimed above consist of 1 Holy Bible, 3 books, 2 dictoranes, 1 Assorted hygiene, and 1 bag of photo (Family)
 (Itemize Repair Bill, Medical Bills, etc.)

-I requested to be reimbursement financially in the amount of \$250,000⁰⁰ for neglect, mental, emotional, and lost of photos that can't be replaced.

* NOTARIZATION IS MANDATORY

(Signature of Claimant)

(Email address)

(Date)

Subscribed and sworn to before me this _____ day of _____.

My Commission Expires _____

Signature and Seal of Clerk of Court or Notary Public

FILE TWO COMPLETE COPIES WITH THE INDUSTRIAL COMMISSION AND SEE FILING FEE REQUIREMENTS ON P. 3

ATTORNEYS: FILE WITH AN IC FILE NUMBER VIA EDFP

HTTP://WWW.IC.NC.GOV/DOCFILING.HTML OR

IF NO IC FILE NUMBER, FOLLOW PLAINTIFF FILING OPTIONS.

PLAINTIFFS: MAIL TO: INDUSTRIAL COMMISSION CLERK'S OFFICE

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RALEIGH, NC 27699-1236

VIA HAND DELIVERY: BUSINESS DAYS FROM 8 AM - 5 PM

DOBBS BUILDING

430 NORTH SALISBURY STREET

RALEIGH, NC 27603

**NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
PRISONS
ADMINISTRATIVE REMEDY PROCEDURE**

Offender Name: Europe M. BennettOffender #: 1071023Location: New Hanover County JailDate: 11-10-23Grievance Statement: On 10-26-23 while being housed at Johnson

Corr inst, I filled out a personal property request to
have my personal property sent home to my sister Sherry L.
Bennett which a D.C. 160 form was filled out for and turned
in. As of this date, my property has not arrived or been
sent as requested.

What remedy would resolve your grievance?: For my sister to receive the

property which was requested to be sent to her home.
I am grateful.

Offender Signature: Europe M. Bennett

OFFICIAL USE

Date received: 11/10/23Receiving Officer Signature: [Signature]Staff ID: LA70Facility #: 4230Year: 2023Housing #: 101Sequence #: 11



Roy Cooper, Governor

North Carolina Department of Adult Correction

Todd E. Ishee, Secretary

Step One - Unit Response

Regarding Grievance No.: 4230-2023-JDM--23243
Received: 11/15/2023

Inmate: BENNETT, DWAYNE - 1071013
Location: 4170-NEW HANOVER CC - 1BDM-010

I checked with the mail room and there was not any property for the offender ever dropped off or mailed out. I checked the DC-160's on file and cannot find any of said property listed on any form. Without any officer names of who supposedly received the property I have no further way to investigate. Offender needs to provide DC-160 and names.

11/16/2023
Date

PARKS, JAMES D.
Staff Electronic Signature

(A) ☐ Agree with grievance response

(B) ☒ Appeal to Step Two (24-hour limit)

11/17/2023
Date

Dwayne M. Bennett
Inmate Signature

Date

Witness Signature (optional)

cc: CTS

MAILING ADDRESS:
P. O. BOX 240
WILMINGTON, NC 28402



OFFICE LOCATION:
330 DIVISION DRIVE
WILMINGTON, NC 28402
Telephone: (910)251-2666
Fax: (910)251-2670

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An Equal Opportunity Employer



North Carolina Department of Adult Correction

Roy Cooper, Governor

Todd E. Ishee, Secretary

Step Two - Area/Complex/Institution Response

Regarding Grievance No.: 4230-2023-JDM--23243

Received: 11/15/2023

Inmate: BENNETT, DWAYNE - 1071013

Location: 4170-NEW HANOVER CC - 1BDM-010

Staff have been questioned to see if any property has been obtained from you. None of the staff that would have been involved in this process has any knowledge of your property. Without any further information no further action is recommended at this time.

12/07/2023

Date

WILLIAMS, JUSTIN P

Staff Electronic Signature

(A) ☐ Agree with grievance response

(B) ☒ Appeal to Secretary, DAC (24-hour limit)

12/8/23

Date

Dwayne M. Bennett

Inmate Signature

Date

Witness Signature(optional)

cc: CTS

MAILING ADDRESS:
P. O. BOX 240
WILMINGTON, NC 28402



OFFICE LOCATION:
330 DIVISION DRIVE
WILMINGTON, NC 28402
Telephone: (910)251-2666
Fax: (910)251-2670

WWW.NCDPS.GOV

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AFFIDAVIT

_____, being duly sworn, deposes and says:

(Print Name of Claimant)

1. My name is _____
2. I live at _____ and my mailing address is _____
 _____ (See requirements on p. 2 regarding change of mailing address)

3. I hereby file a claim against _____
 _____ (State Agency or County Board of Education)
 and its mailing address is _____

4. I have been damaged in the amount of \$ _____ by reason of the negligent conduct of the employee/agent
 named here _____
 _____ (Name(s) of negligent employee/agent)

5. The injury or accident giving rise to this claim occurred at _____
 _____ (Print Name of County and Exact Location Where Accident Occurred)
 on _____ (Month) (Day) (Year) _____ M. (Time)

6. The injury or property damage occurred in the following manner:
 _____ (Give BRIEF Statement of What Happened, Witness Names, etc.)

7. The damages claimed above consist of _____
 _____ (Itemize Repair Bill, Medical Bills, etc.)

* **NOTARIZATION IS MANDATORY** _____
 _____ (Signature of Claimant) _____ (Email address) _____ (Date)

Subscribed and sworn to before me this _____ day of _____.

My Commission Expires _____

Signature and Seal of Clerk of Court or Notary Public

FILE TWO COMPLETE COPIES WITH THE INDUSTRIAL COMMISSION AND SEE FILING FEE REQUIREMENTS ON P. 3

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[HTTP://WWW.IC.NC.GOV/DOCFILING.HTML](http://www.ic.nc.gov/docfiling.html) OR

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PLAINTIFFS: MAIL TO: INDUSTRIAL COMMISSION CLERK'S OFFICE

1236 MAIL SERVICE CENTER

RALEIGH, NC 27699-1236

VIA HAND DELIVERY: BUSINESS DAYS FROM 8 AM - 5 PM

DOBBS BUILDING

430 NORTH SALISBURY STREET

RALEIGH, NC 27603

Dental Resources for Medicaid and Non-Insured

Silva & Silva, DMD

1505 W Gate City Blvd
Greensboro, NC 27403
(336) 510-2600
Accepts Medicaid
Self-Pay Welcome

Neighborhood Dental

104 W. Northwood St.
Greensboro, NC 27401
336-272-8087
Accepts Medicaid
Self-Pay Welcome

Dr. James McMasters & Dr. Eric Sadler

1037 Homeland Ave.
Greensboro, NC 27405
336-272-0132
Accepts Medicaid
Self-Pay Welcome

Dr. Stacy Greene

709 E. Market St.
Greensboro, NC 27401
336-691-8084
Accepts Medicaid

GTCC Dental Department

601 East Main St
Jamestown, NC 27282
336-334-4822 ext. 50251
Call for availability

Forsyth Tech Dental Education Clinic

336-734-7550
Call for availability